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Approved for use through 09/30/2000. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

Attorney Docket No. 3415/29

First Inventor or Application Identifier Victor Skladnev, et al

Title System and Method for Examining, Recording
and Analysing Dermatological Conditions

Express Mail Label No. EL254932734US

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

- ☒ * Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)
- ☒ Specification [Total Pages 64]
(preferred arrangement set forth below)
 - Descriptive title of the Invention
 - Cross References to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to Microfiche Appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
- ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets 27]
- Oath or Declaration [Total Pages 2]
 - ☒ Newly executed (original or copy)
 - ☐ Copy from a prior application (37 C.F.R. § 1.63(d))
(for continuation/divisional with Box 16 completed)
 - ☐ DELETION OF INVENTOR(S)
Signed statement attached deleting
inventor(s) named in the prior application,
see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).

* NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY
FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT
IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).

ADDRESS TO: Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

- ☐ Microfiche Computer Program (Appendix)
- Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)
 - ☐ Computer Readable Copy
 - ☐ Paper Copy (identical to computer copy)
 - ☐ Statement verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

- ☒ Assignment Papers (cover sheet & document(s))
- ☐ 37 C.F.R. § 3.73(b) Statement (when there is an assignee) ☒ Power of Attorney
- ☐ English Translation Document (if applicable)
- ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
- ☐ Preliminary Amendment
- ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
- ☒ * Small Entity Statement(s) ☐ Statement filed in prior application,
(PTO/SB/09-12) Status still proper and desired
- ☐ Certified Copy of Priority Document(s)
(if foreign priority is claimed)
- ☐ Other:

16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No: _____

Prior application information: Examiner _____

Group / Art Unit: _____

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS

☒ Customer Number or Bar Code Label

(Insert Customer Number or Bar code label here)

or ☒ Correspondence address below

| | | | | | |
|---------|---|-----------|--------------|----------|--------------|
| Name | Michael I. Rackman PATENT TRADEMARK OFFICE Gottlieb, Rackman & Reisman | | | | |
| Address | 270 Madison Avenue 8th Floor | | | | |
| City | New York | State | NY | Zip Code | 10016-0601 |
| Country | USA | Telephone | 212 684-3900 | Fax | 212 684-3999 |

| | | | |
|-------------------|---------------------------|-----------------------------------|----------|
| Name (Print/Type) | Michael I. Rackman | Registration No. (Attorney/Agent) | 20,639 |
| Signature | <i>Michael I. Rackman</i> | Date | 12/27/99 |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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FEE TRANSMITTAL**for FY 1999**

Patent fees are subject to annual revision.

Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12.

See 37 C.F.R. §§ 1.27 and 1.28.

Complete if Known

Application Number

Filing Date

First Named Inventor

Victor Skladnev, et al.

Examiner Name

Group / Art Unit

Attorney Docket No.

3415/29

TOTAL AMOUNT OF PAYMENT

(\$) 1,389.

METHOD OF PAYMENT (check one)

- 1.
- ☒
- The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit
Account
Number

07-1730

Deposit
Account
Name

Gottlieb, Rackman & Reisman P.C.

- ☒
- Charge Any Additional Fee Required
-
- Under 37 CFR §§ 1.16 and 1.17

- 2.
- ☒
- Payment Enclosed:

☒ Check ☐ Money Order ☐ Other**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity Small Entity

Fee Fee Fee Fee Fee Description

Code (\$) Code (\$) Code (\$)

Fee Paid

101 760 201 380 Utility filing fee

380.

106 310 206 155 Design filing fee

107 480 207 240 Plant filing fee

108 760 208 380 Reissue filing fee

114 150 214 75 Provisional filing fee

SUBTOTAL (1) (\$) 380.

2. EXTRA CLAIM FEES

| | | | | | | | | |
|--------------------|----|-------|---|----|---|----|---|------|
| Total Claims | 67 | -20** | = | 47 | x | 9 | = | 423. |
| Independent Claims | 17 | -3** | = | 14 | x | 39 | = | 546. |
| Multiple Dependent | | | | | | | | |

**or number previously paid, if greater; For Reissues, see below

Large Entity Small Entity

Fee Fee Fee Fee Fee Description

Code (\$) Code (\$) Code (\$)

103 18 203 9 Claims in excess of 20

102 78 202 39 Independent claims in excess of 3

104 260 204 130 Multiple dependent claim, if not paid

109 78 209 39 ** Reissue independent claims over original patent

110 18 210 9 ** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$) 969.

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Entity Small Entity

Fee Fee Fee Fee

Code (\$) Code (\$) Code (\$)

Fee Description

Fee Paid

105 130 205 65 Surcharge - late filing fee or oath

127 50 227 25 Surcharge - late provisional filing fee or cover sheet.

139 130 139 130 Non-English specification

147 2,520 147 2,520 For filing a request for reexamination

112 920* 112 920* Requesting publication of SIR prior to Examiner action

113 1,840* 113 1,840* Requesting publication of SIR after Examiner action

115 110 215 55 Extension for reply within first month

116 380 216 190 Extension for reply within second month

117 870 217 435 Extension for reply within third month

118 1,360 218 680 Extension for reply within fourth month

128 1,850 228 925 Extension for reply within fifth month

119 300 219 150 Notice of Appeal

120 300 220 150 Filing a brief in support of an appeal

121 260 221 130 Request for oral hearing

138 1,510 138 1,510 Petition to institute a public use proceeding

140 110 240 55 Petition to revive - unavoidable

141 1,210 241 605 Petition to revive - unintentional

142 1,210 242 605 Utility issue fee (or reissue)

143 430 243 215 Design issue fee

144 580 244 290 Plant issue fee

122 130 122 130 Petitions to the Commissioner

123 50 123 50 Petitions related to provisional applications

126 240 126 240 Submission of Information Disclosure Stmt

581 40 581 40 Recording each patent assignment per property (times number of properties)

146 760 246 380 Filing a submission after final rejection (37 CFR § 1.129(a))

149 760 249 380 For each additional invention to be examined (37 CFR § 1.129(b))

Other fee (specify) _____

Other fee (specify) _____

Other fee (specify) _____

Other fee (specify) _____

Other fee (specify) _____

Other fee (specify) _____

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Other fee (specify) _____

Other fee (specify) _____

Other fee (specify) _____

SUBTOTAL (3) (\$) 40.

* Reduced by Basic Filing Fee Paid

SUBMITTED BY**Complete (if applicable)**

Name (Print/Type)

Michael I. Rackman

Registration No.
(Attorney/Agent)

20,639

Telephone

212 684-3900

Signature

Michael I. Rackman

Date

12/27/99

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

525 U.S. PRO
09/473270
12/27/99

Date of Deposit December 27, 1999

_____ are being deposited with the United States

Marilyn Stults
Typed or printed name of person mailing paper or fee

Margaret Schultz
Signature of person mailing paper or fee